

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

09757864

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1							51						
2							52						
3							53						
4							54						
5							55						
6							56						
7							57						
8							58						
9							59						
10							60						
11							61						
12	/		/				62						
13		/		/			63						
14		/		/			64						
15		/		/			65						
16		/		/			66						
17							67						
18							68						
19							69						
20							70						
21		/		/			71						
22		/		/			72						
23		/		/			73						
24		/		/			74						
25							75						
26							76						
27							77						
28							78						
29							79						
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31							81						
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33							83						
34							84						
35							85						
36							86						
37							87						
38							88						
39							89						
40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	1		1				TOTAL IND.						
TOTAL DEP.	3		8				TOTAL DEP.						
TOTAL CLAIMS	4		9				TOTAL CLAIMS						